

Infertility counselling from a cognitive-behavioural perspective



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Learning objectives

- Knowing basic aspects of cognitive behavioral therapy
- Knowing how to apply them to fertility problems
- Insight into integral aspect of psychosocial care
- Insight into tailoring care to risk profile of patients
- Tailoring care to expertise of professionals

Cognitive Behaviour Therapy

- Evidence based
- Scientific attitude: assessment and monitoring
- Efficiency; adjusting to primary needs formulated by patients
- Easy to incorporate new developments eg
 - Mindfulness based
 - Acceptance and commitment therapy

Evidence for effectiveness of CBT

- First option in treating adults as well as children with depression (e.g. Hollon et al. Ann Rev Psychol; also long term effects)
- First option in treating adults as well as children with anxiety (e.g. Rachman Ann rev clin psychol 2009)
- Also effective if provided by internet (Cuijpers et al. J Beh Med 2008)
- Within health psychology:
 - Pain (Vlaeyen et al.; Evers et al.; Eccleston et al.)
 - Insomnia (Smith et al. 2005)
 - Stuttering (Menzies et al. 2009)
 - Treatment adherence (Drotar et al. 2009)
 - Fibromyalgia, Rheumatoid arthritis, chronic fatigue, management of COPD... (e.g. Merkes 2010 for mindfulness based CBT)

Behavioral therapy:

- Classic: based on primary threatening situation
- Generalized to other situations
- Response: avoidance:
 - short term > less anxiety
 - long term > more anxiety
- Treatment: exposure and desensitisation

Conditioned response





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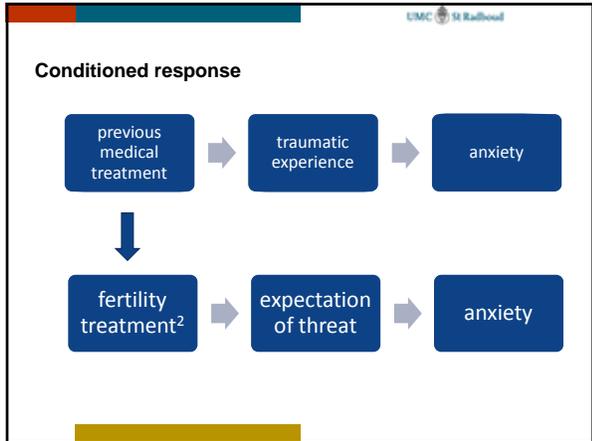
Example of theoretical background of Behaviour Therapy

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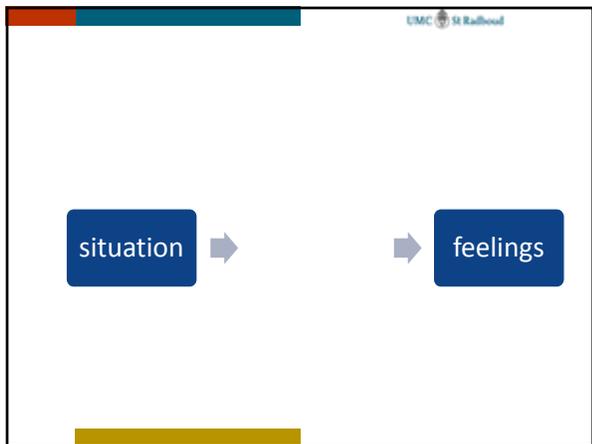
Laura and Sam

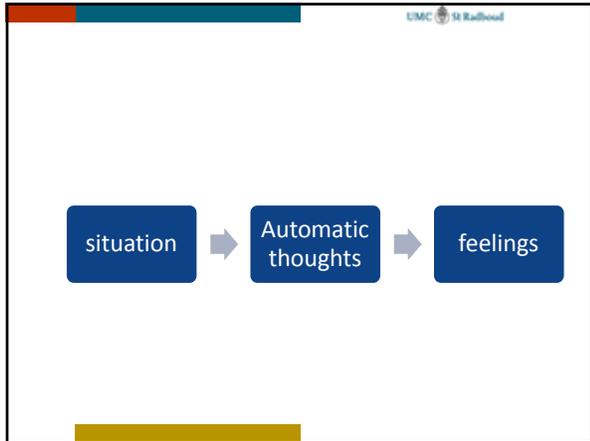
- Laura has congenital renal disease. Lot of surgery.
- Few years ago:
 - investigation for renal functioning
 - Complication
 - Emergency intervention
 - Anxiety
- Now: anxious for ovum pick up

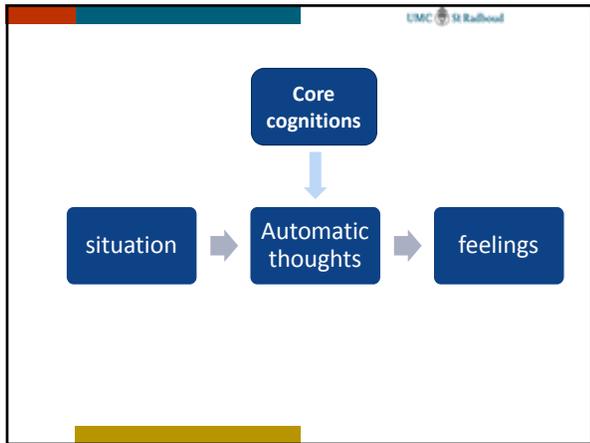




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- ### Cognitive therapy
- Situation evokes thoughts
 - Thoughts evoke feelings, evoke behaviour
 - Changing thoughts > changed feelings



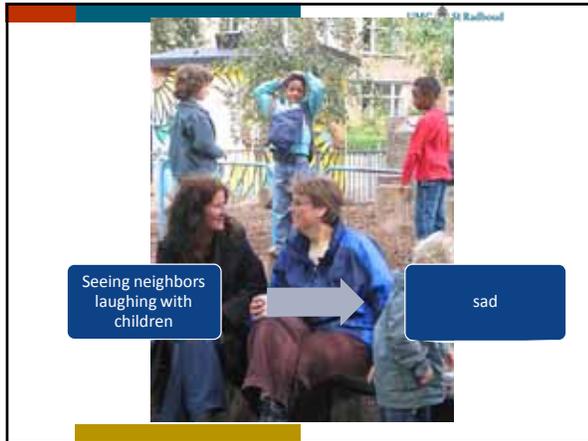




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Elsa: fertility problems limit her in everything that is important for her

Elsa (35 years) and Peter (46 years), childwish for already 6 years. As a young adult, Elsa had difficulties finding a job that gave her enough satisfaction. She had low self esteem and felt unsecure to look for another job. Peter is doing fine in his demanding job as a consultant. Elsa started already years ago longing for a child. She has dreams of a big family and children she can love and loving her, and filling their empty house with a lot of noise and friends. After six years of un fulfilled childwish, Elsa feels very sad.





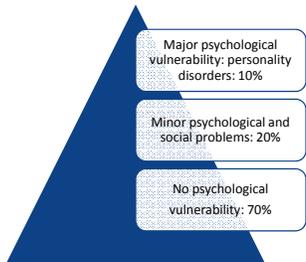
- Fertility problems: reasons for seeking psychosocial care**
- Sadness/ depression
 - Anxiety for treatment of for emotions
 - Difficulties interacting with friends/ family
 - Relationship problems
 - Why me: anger, sadness
 - Difficulties with decision making

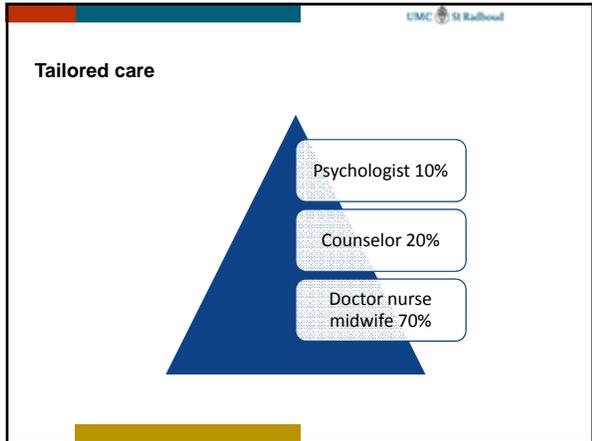
Assessment

- Fertility specific assessment: FertiQoI
- General assessment: SCL-90; BDI; STAI
- Grief scale
- Post traumatic stress
- Coping/ social support
- Helplessness

Psychosocial care on different levels: integrated care

Triage regarding psychosocial care





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	Doctor nurse	Counselor	Psychologist
Sadness			
Anxiety			
Interacting with friends			
Partner relationship			
Why me, anger			
Decision making			

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	Doctor nurse	Counselor	Psychologist
Sadness	Psycho education: normalize Preparation for possible emotional response	Cognitions grief Mindfulness	Major depressive disorder
Anxiety			
Interacting with friends			
Partner relationship			
Why me, anger			
Decision making			

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	Doctor nurse	Counselor	Psychologist
Sadness	Psychoeducation: normalize Preparation for possible emotional response	Cognitions grief Mindfulness	Major depressive disorder
Anxiety	Trust Explain procedures Give control Say what you doing	Imaginair exposure EMDR Exposure for emotions	PTSD Anxiety disorder
Interacting with friends			
Partner relationship			
Why me, anger			
Decision making			

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	Doctor nurse	Counselor	Psychologist
Sadness	Psychoeducation: normalize Preparation for possible emotional response	Cognitions grief Mindfulness	Major depressive disorder
Anxiety	Trust Explain procedures Give control Say what you doing	Imaginair exposure EMDR Exposure for emotions	PTSD Anxiety disorder
Interacting with friends	Psycho education Leaflets for friends/ colleagues Patient organizations	Role play Challenging dysfunctional cognitions	Social anxiety. Discuss core cognitions
Partner relationship			
Why me, anger			
Decision making			

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	Doctor nurse	Counselor	Psychologist
Sadness	Psychoeducation: normalize Preparation for possible emotional response	Cognitions grief Mindfulness	Major depressive disorder
Anxiety	Trust Explain procedures Give control Say what you doing	Imaginair exposure EMDR Exposure for emotions	PTSD Anxiety disorder
Interacting with friends	Psychoeducation Leaflets for friends/ colleagues Patient organizations	Role play Challenging dysfunctional cognitions	Social anxiety
Partner relationship	Focus on both partners psycho education: normalize	Thinking for the other; feelings powerlessness	Specialized couple therapy
Why me, anger			
Decision making			

	Doctor nurse	Counselor	Psychologist
Sadness	Psycho education: normalize Preparation for possible emotional response	Cognitions grief Mindfulness	Major depressive disorder
Anxiety	Trust Explain procedures Give control Say what you doing	Imaginair exposure EMDR Exposure for emotions	PTSD Anxiety disorder
Interacting with friends	Psycho education Leaflets for friends/ colleagues Patient organizations	Role play Challenging disfunctional cognitions	Social anxiety
Partner relationship	Focus on both partners psycho education: normalize	Thinking for the other; feelings powerlessness	Partner relationship problems
Why me, anger	Psycho education: normalize; avoiding grief	Exposure to feelings of grief	Address complicated grief
Decision making			

	Doctor nurse	Counselor	Psychologist
Sadness	Psychoeducation: normalize Preparation for possible emotional response	Cognitions grief Mindfulness	Major depressive disorder
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Why me, anger	Psychoeducation: normalize; avoiding grief	Exposure to grief	Complicated grief
Decision making	Stopping as part of treatment normalize differences partners Importance of decision making	Pro's and con's Different perspectives, expl cogn. Facil talking	Patients with personality problems Decisions > uncertainty

	Doctor nurse	Counselor	Psychologist
Example: sad mood			

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Sadness: feelings

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graph LR; A[Depressed mood, don't feel for doing something] --> B[Anxious More depressed]
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Depressed mood, don't feel for doing something

Anxious More depressed

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Automatic thoughts

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graph LR; A[Depressed mood, don't feel for doing something] --> B[I'm getting crazy, It will never be normal again]; B --> C[Anxious More depressed]
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Depressed mood, don't feel for doing something

I'm getting crazy, It will never be normal again

Anxious More depressed

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Automatic thoughts: psycho education by medical caregivers

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graph LR; A[Depressed mood, don't feel for doing something] --> B[I'm getting crazy, It will never be normal again]; B --> C[Anxious More depressed]; D[It's normal that you are depressed, most people recover after some time] --> B
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Depressed mood, don't feel for doing something

I'm getting crazy, It will never be normal again

Anxious More depressed

It's normal that you are depressed, most people recover after some time

Automatic thoughts; cognitive interventions by counselor

- Help patients identifying automatic thoughts
- Challenge automatic thoughts
- Identify general errors of reasoning
- Help patients monitoring their automatic thoughts

Automatic thoughts: cognitive interventions by counselor

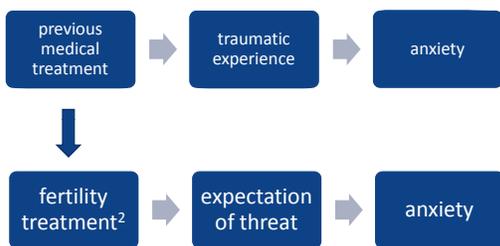


Sadness

- Diagnosis major depressive disorder?
- Other As 1 disorder?
- Identify general core cognitions
- Challenge and change core cognitions

Example: anxiety for treatment

Anxious for ovum pick up



Interventions for health care professionals

- Increase control by
 - Informing about procedure
 - Keep appointments! (trust)
 - Ask for permission at start intervention
 - Tell what you are going to do
 - Explain how long it will take
 - Ask how patient is feeling
 - Planning at the end of the schedule

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Interventions for counselors



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Identifying threatening aspects of OPU

- Being out of control
- Having intense pain
- Feeling loss of consciousness



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Exposure and challenging cognitions

- Investigate differences in situation now and then
- Focus on personal decision: I'm doing this because I want a child
- Closely discuss process of treatment
- Explore possible coping strategies



Interventions for psychologist

- Diagnosis anxiety disorder: treat within broader context
- Personality disorder? Borderline PD?
- Trust; keep control; basic appointments

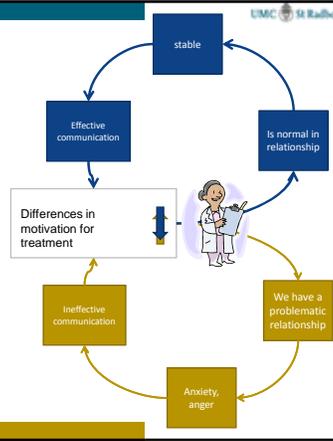
Example: marital relationship problems

Marital relationship

- Differences in motivation for treatment
- Differences in dealing with stress/ loss
- Qualification of differences: changing or accepting
- Interpretation of differences: thinking for the other

Marital relationship: interventions for medical health care professionals

- Involve both partners in the discussion/ treatment
- Notice differences between couples
- Normalize differences
- Inform about contact with peers



Marital relationship: interventions for counselors

- Start with example of difference in opinion
- Identify feelings and thoughts
- Confront couples with thoughts about each other
- Challenging cognitions in vivo

Effectiveness of CBT supported in guideline eg NICE NIMH

- Cognitive behaviour therapy and education most effective interventions for couples with subfertility (Boivin soc sci med 2003)
- Mindfulness based CBT reduces stress and pain in patients with chronic diseases (Merkes, Aust J Prim Health, 2010; Rosenzweig et al. J Psychosom Research, 2010)
- Mindfulness based CBT effective for reducing depression and anxiety in psychiatric patients (review: Chiesa & Serretti, Psychiatry research, in press)
- Acceptance and commitment therapy possibility for treating distress in couples (Peterson et al. cogn behav practice, 2009)

